



SAFETY HISTORY & PROGRAM DATA

1. CONTRACTOR SAFETY PERFORMANCE AND PROGRAM

Workers Compensation Insurance - Experience Modification Rate (EMR)

1. Please obtain a letter* from your insurance agent (or state fund, if applicable) with your interstate EMR's for the last three (3) rating periods. If you do not have an interstate rating, obtain your intrastate EMR's. Then complete the following data: Attach the letter as part of this package.

	<u>Policy Year</u>	<u>Modification Rate</u>
Most Recent Policy Year	_____	_____
1 Year previously	_____	_____
2 Years previously	_____	_____
3 Years previously	_____	_____

Are the above rates interstate or intrastate? _____
If intrastate, which state? _____

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?

YES _____ NO _____

*Note: Any of the following methods of "obtaining a letter" are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- Furnish a copy of the last three (3) years Experience Rating Calculation Sheets, which your insurance carrier should forward to you annually; or
- If you're in a "state fund" state, such as Ohio or West Virginia, furnish a copy of the state's last three (3) years annual statement page that shows the modification rate and the coverage period.

ATTACHMENTS

Attachment A: Evaluation of Contractors Safety Records and Potential
Attachment B: Contractor's Safety Data, First Aid Cases

ATTACHMENT A

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EVALUATION OF CONTRACTOR'S SAFETY RECORDS AND POTENTIAL

A. 1. Check your type of work:

Nonresidential Building _____

Heavy (Non-highway) Construction _____

Plumbing, Heating and Air Conditioning _____

Other _____

2. Are accident reports (OSHA 200) and summaries sent to the following? How often?

	No	Yes	Monthly	Quarterly	Annually
Field Superintendent	_____	_____	_____	_____	_____
Project Manager	_____	_____	_____	_____	_____
President of Construction	_____	_____	_____	_____	_____
President of Firm	_____	_____	_____	_____	_____

3. Do you hold safety meetings for field supervisors? Yes _____ No _____

How often?

Weekly _____

Bi-weekly _____

Monthly _____

Less often as needed _____

4. Do you conduct project safety inspections? Yes _____ No _____

If yes, who conducts the inspection (title)? _____

And how often _____

B. OSHA Recordable Incidents

1. Furnish a copy of your firm's OSHA 200 Log from last year. It is unlikely that we qualify your company to bid FEMP work without the OSHA 200 log.

ATTACHMENT A

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2. Using the OSHA 200 Log, Complete the following:

- a. * Number of injury related fatalities from column 1 _____
- b. Number of injuries with lost workdays from column 2 _____
- c. Number of injuries without lost workdays from column 6 _____
- d. Number of illness related fatalities from column 8 _____
- e. Number of illnesses with lost workdays from column 9 _____
- f. Number of illnesses without lost workdays from column 13 _____
- g. Total number of injuries and illnesses on OSHA 200 Log _____
- h. Total number of cases listed in columns 6 and 13 which are "first aid" cases. Highlight each of these cases by placing an asterisk beside them on the OSHA 200 Log. (See Attachment B for a definition of a first aid case.) _____

3. Employee hours worked last year (field, supervisor, and clerical) _____

4. How are accident records and accident summaries kept?
How often are they reported?

	No	Yes	Monthly	Annually
Accidents totaled for the entire Company	_____	_____	_____	_____
Accidents totaled by project	_____	_____	_____	_____
Subtotaled by superintendent	_____	_____	_____	_____
subtotaled by foreman	_____	_____	_____	_____



ATTACHMENT B
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CONTRACTOR'S SAFETY DATA

FIRST AID CASES

First aid cases should not be recorded on the OSHA 200 Log, but many contractors do so because the OSHA rules are hard to understand. If the firm includes first aid cases on the OSHA log, the Recordable Incident Rate looks higher than it really is. This makes it more difficult for FEMP to qualify the firm as a bidder or contractor. This page is included to help one understand what a first aid case is. After reading it, one should be able to understand item 2 on Safety Data page 4.

General Overview

First aid cases include one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care even though it may be provided by a physician or registered professional personnel. Administration of a single dose of a prescription medication on the first visit for a minor injury is first aid. Retreatments constitute Medical Treatment Cases. Repeated use of nonprescription medication, other than antiseptic, is a first aid case.

Example of first aid treatment for certain types of injuries and illnesses:

Abrasion - Limited to cleaning wound, soaking, applying antiseptic, medication, and bandaging on first visit. Follow-up visits are restricted to observation and changing bandages.

Bruises - Limited to a single soaking or applying cold compresses and any follow-up visits for observation of the injury.

Burns- Thermal and Chemical (resulting in destruction of tissue by direct contact) - Limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptic, medication, and bandaging on first visit. Follow-up visits are restricted to observation, changing bandages, and nonprescription medication other than antiseptic.

Cuts and Lacerations - Limited to cleaning wound, soaking, applying antiseptic, medication and bandaging on first visit. Follow-up visits are restricted to observation and changing bandages.

Eye Injuries - Limited to irrigation, removal of foreign material no imbedded in eye, and one-time treatment of minor corneal scratches and abrasions. Administration of nonprescription medication and single doses of prescription medications.

Inhalation of Toxic or Corrosive Gases - Limited to removing the employee to fresh air

or the one-time administration of oxygen for several minutes.

ATTACHMENT B

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CONTRACTOR'S SAFETY DATA

FIRST AID CASES

Splinters, and Puncture Wounds - Limited to cleaning wound, removing foreign object(s) by tweezers or other simple technique, applying antiseptic, medication, and bandaging on first visit. Follow-up visits are restricted to observation and changing bandages.

Sprains and Strains - Limited to soaking, applying cold compresses or use of elastic bandage on first visit. Follow-up visits are restricted to observation and applying bandages.

Examples of Diagnostic Procedures Considered First Aid

Hospitalization for observation where no medical treatment is rendered other than first aid. However, if the employee misses all of his next scheduled shift, the case becomes a Lost Workday Case.

Visit to a physician or nurse for observation only is first aid.

X-ray examination for fracture is diagnostic. Where X-ray is negative, the case is first aid.

Examples of Preventive Procedures and Treatment Considered First Aid

Tetanus shots are preventive and are first aid cases unless reaction to the shot necessitates treatment.

Preventive Medication - Reaction to preventive medication such as flu shots (not administered because of an occupational injury or illness).

NOTE: OSHA also publishes a reference booklet "Record Keeping Guidelines for Occupational Injuries and Illnesses" to assist in correctly categorizing injuries and illnesses.